

State of Hawaii
Department of Labor and Industrial Relations
OFFICE OF LANGUAGE ACCESS

Public Complaint of Noncompliance Form

Note: Complaints will be handled using informal, non-legal, non-administrative hearing methods.
Please Print. Return this completed form to the Office of Language Access (OLA).

Name of Person affected: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Business _____ Cell _____

Date when the problem occurred: _____

Name of the state agency or organization _____

Name of the person(s) at the state agency or organization involved with the problem: _____

Nature of the problem:

- | | |
|--|--|
| <input type="checkbox"/> not provided interpretation services | <input type="checkbox"/> not provided translated materials |
| <input type="checkbox"/> interpreters or translators not competent | <input type="checkbox"/> unable to access services, programs or activities |
| <input type="checkbox"/> services not timely | <input type="checkbox"/> Other: _____ |

Please describe in detail the nature of the problem with the state agency or organization named above: _____

(Use the back page if you need more space. Attach any supporting documents.)

Please explain how you and the state agency or organization have attempted to resolve the problem: _____

(Use the back page if you need more space. Attach any supporting documents.)

CERTIFICATION: I certify that this statement of my complaint above and on any page(s) attached is true to the best of my knowledge and belief. I agree to notify OLA if I change my address or telephone number(s). I understand that I may withdraw my complaint at any time by submitting a completed Withdrawal Form (OLA CF2) to OLA.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Date/Time Received: _____

Please describe how this complaint was resolved:

Date the affected person was notified of the resolution: _____